

216020583
99407

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 500	Agency Case No. B6-044208	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1 02	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/20/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1449	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	05/20/2016
B 65	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S.27TH STREET		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY VANDORN STREET			IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
F 1	DRIVER LICENSE NO. H13795015			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER SOPHIE L BARRY			PHONE 4024503038	LOCAL NO.	
V2/N 2	DRIVER ADDRESS 2539 ARLENE AVE, LINCOLN, NE 68502			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	11/04/1998
G 2	OWNER TODD BARRY			PHONE 4024216581	LOCAL NO. DOB- 10/7/64	
H 4	OWNER ADDRESS SAME AS DRIVER, LINCOLN, NE 68502			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB500263
V1/O 2	LICENSE PLATE PA NO. TVU915	YEAR 1985	MAKE Chevrolet	MODEL CELEBRITY	BODY STYLE 4 door Sedan	COLOR green
V2/O 2	VEHICLE ID NO. (VIN) 1G1AW19X9F6266107	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1400		INSURANCE COMPANY STATE FARM INSURANCE		
I 1	VEHICLE NO. 2			VEHICLE NO. 2		
V1/P 1	DRIVER LICENSE NO. H12305765			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V2/P 1	DRIVER MELISSA L BOYE			PHONE 4022029514	LOCAL NO.	
J 01	DRIVER ADDRESS 3711 CLEVELAND AVE, LINCOLN, NE 68504			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	03/23/1979
V1/Q 4	OWNER SAME AS DRIVER			PHONE	LOCAL NO.	
V2/Q 4	OWNER ADDRESS CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
K 02	LICENSE PLATE PA NO. UBI135	YEAR 2014	MAKE Ford	MODEL EXPEDITION	BODY STYLE Medium/large	COLOR white
	VEHICLE ID NO. (VIN) 1FMJK2A56EEF18527	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1400		INSURANCE COMPANY GEICO INS.		
	TOWED TO	TOWED BY		POLICY NO. 4353961693		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. # 2	NAME MELISSA L BOYE 3711 CLEVELAND AVE, LINCOLN, NE 68504			03/23/1979	3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME Unknown	EMS SERVICE NAME Other	5 Trans.		
VEH. #	NAME ADDRESS			SEX M F		
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME ADDRESS			SEX M F		
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044208



Indicate
North
by Arrow

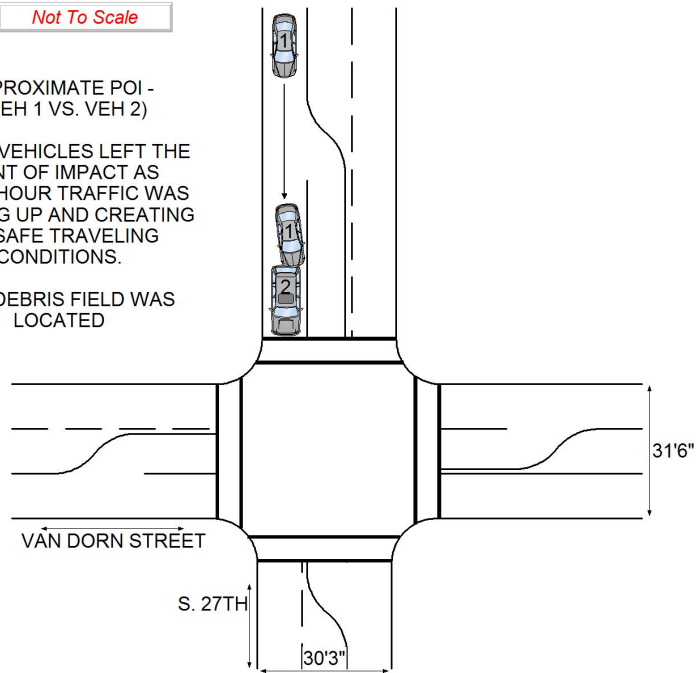


Not To Scale

APPROXIMATE POI -
(VEH 1 VS. VEH 2)

- BOTH VEHICLES LEFT THE
POINT OF IMPACT AS
RUSH HOUR TRAFFIC WAS
BACKING UP AND CREATING
UNSAFE TRAVELING
CONDITIONS.

NO DEBRIS FIELD WAS
LOCATED



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Officer was sent to investigate a 2 vehicle minor injury accident that was reported to have occurred at the intersection of S.27th/Vandorn st. Officer's investigation revealed that Veh 1 rear ended Veh 2 as Veh 2 was stopped facing SB on S.27th. Dr 1 stated she was traveling SB and thought that Veh 2 was making a right turn onto Vandorn st from S.27th st, just as the the light had turned yellow. Dr 1 said she had planned to cross the intersection with the yellow traffic light, but rear ended Veh 2 because Veh 2 actually did not make the turn. Dr 1 said the collision occurred while she was traveling about 25mph. Dr 2 stated that she was stopped at the intersection at a red light for SB traffic, with her vehicle's right turn signal on. She said Veh 1 struck her vehicle to the rear as East and West traffic was entering the intersection. Dr 1 was cited.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 1	1	VEH 2	3	
1		X			S.27TH STREE												
2		X			S.27TH STREE												
1	01				06 Turning left												
2	11				08 Entering traffic lane												
					01 Essentially straight ahead												
					02 Backing												
					03 Changing lanes												
					04 Overtaking/ Passing												
					05 Turning right												
					09 Leaving traffic lane												
					10 Parked												
					11 Slowing or stopped in traffic												
					12 Other												
					13 Unknown												

VEHICLE 1		VEHICLE 2	
POINT OF IMPACT	01	POINT OF IMPACT	05
MOST DAMAGED AREA	02	MOST DAMAGED AREA	05
00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		02 03 04 05 06 07 08	

VEHICLE 1				VEHICLE 2			
1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown			
5 4 4				2 6 2			

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	N	X	N
ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2
		1	1
1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO. 1508	TROOP/ TEAM/ BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Andrew Nichols		INVESTIGATOR SIGNATURE Approved by Officer Andrew Nichols	DATE OF REPORT 05/20/2016